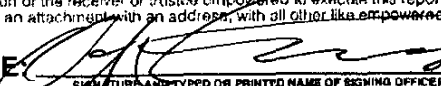


FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000109594			
1. Entity Name GREEN CAY, INC.			
Principal Place of Business 220 S. RIDGEWOOD AVE., SUITE 200 DAYTONA BEACH, FL 32114		Mailing Address 220 S. RIDGEWOOD AVE., SUITE 200 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box # 200 S. RIDGEWOOD AVENUE		3. Mailing Address 200 S. RIDGEWOOD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL	
Zip 32114	Country USA	Zip 32114	Country USA
6. Name and Address of Current Registered Agent JOHNSON, ROBERT L 220 S. RIDGEWOOD AVE., SUITE 200 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 S. RIDGEWOOD AVENUE City DAYTONA BEACH FL 32114	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when necessary) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PRUETT, JULIE A 129 SEMINOLE AVENUE ORMOND BEACH, FL 32176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PRUETT, OTIS W., JR. 129 SEMINOLE AVENUE ORMOND BEACH, FL 32176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PRUETT, JULIE A 129 SEMINOLE AVE ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		Tel: 386-677-2026 Otis W. Pruett, Jr. 1/19/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	